

Wyoming Comprehensive Cancer Control Program

Comprehensive Cancer Control Consortium

WINTER 2007

Joining Forces to Fight Cancer

New Vaccine to Prevent Cervical Cancer Cleared by the FDA

January is Cervical Cancer Awareness month. The Wyoming Breast and Cervical Cancer Network (WBCCN) would like to share information about the latest vaccine to help prevent cervical cancer. HPV is the most common risk factor for developing Cervical Cancer. There are more than 100 strains or types of Human Papilloma Virus (HPV), most of which are harmless. 35 of the 100 are transmitted sexually. Some of these, notably HPV 16, 18, 31 and 45, are considered "high risk" and can lead to cervical cancer, that is, cancerous change in the thin flat squamous cells that cover the neck of the uterus. Others, such as HPV 6, 11, 42, 43 and 44, are considered "low risk" for cancer but often lead to the development of genital warts. At any given time more than 20 million people in the United States have genital HPV infections that can be transmitted to others and an estimated 5.5 million people will become infected with HPV in a given year.

<http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine.htm>
GARDASIL, the new vaccine produced by MERCK & Co., protects against HPV types 18, 16, 11, and 6. HPV types 18 and 16 are responsible for causing 70% of cervical cancer cases, and HPV types 11 and 6 cause 90% of genital wart cases. The vaccine is given in a series of three immunizations over a 6 month period of time, and the vaccine is recommended for girls 9 to 26 years of age. If a person has already been diagnosed with an HPV infection they can still benefit from the vaccination because she is unlikely to have contracted all four types of HPV. It is important to point out that this vaccine may not fully protect everyone and does not prevent all types of cervical cancer. The vaccine will not eliminate cervical cancer entirely; however, it may reduce the number of people who contract HPV types that lead to cervical cancer. It is recommended that you talk to



your doctor about the vaccine, including possible benefits, and potential harms of the immunization. The mission of the Wyoming Breast and Cervical Cancer Network (WBCCN) is to form a united partnership focused on reducing breast and cervical cancer mortality rates in Wyoming through increased education and early detection. As Margaret Mead said, *"Never doubt that a small group of thoughtful citizens can change the world. Indeed, it's the only thing that ever has."*

The WBCCN members are a small group who work to educate and refer women for screening.

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2007 Celebration of Hope

January 23, 2007 was a day of hope in Wyoming's fight against cancer. The Consortium held it's first meeting of 2007, in

conjunction with a press conference, presentations on the House and Senate Floors, and a legislative luncheon to introduce and educate

participants about Wyoming's Cancer Control Act and a Clinical Trials Bill that are

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2007 Celebration of Hope

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The Governor and First Lady shared thoughts about the statewide cancer initiative and reflected on what it means to be a survivor.

headed to the state legislature this session.

In the afternoon, the WCCCC Steering Committee shared information about the Comprehensive Cancer Control Leadership Institute held in Seattle, Washington, October 23 through the 27, 2006. The Steering Committee addressed the national priorities for Comprehensive Cancer Control and the integration of those priorities into the second year of implementation. The

WCCCC members also worked on developing the new Consortium workgroups. Tobacco, Survivorship, Colorectal Cancer Task Force, Workforce, and American Indian and Alaska Native Partnerships were chosen to be year two priorities.

They day was intended to celebrate hope, progress and answers in Wyoming's fight against cancer. For more information about the Celebration of Hope or the WCCCC please visit the Consortium Website at www.fightcancerwy.org!



4 1/2 year old cancer survivor Bailey Shaffer joined the celebration and brought a smile to everyone she met!

Clinical Trials: It can save a life!

"Many current treatments and diagnostic procedures were once a clinical trial, and are now the standard of care."

Have you ever heard the term Clinical Trials? Clinical Trials are controlled research studies available to many cancer patients. Thoroughly conducted clinical trials are the fastest and safest way to find treatments that will work in people and ultimately discover ways to reduce the burden of cancer. Many current treatments and diagnostic procedures were once a clinical trial, and are now the standard of care.

Myth #1: Only people who have cancer are eligible to participate in a cancer clinical trial.

Fact: There are three types of cancer trials available to people without cancer; preventative trials, early detection and screening trials, and diagnostic trials.

Myth #2: Cancer treatment clinical trials only provide "last resort" treatment.

Fact: Cancer clinical trials are not only for patients in the end stages of their disease but for many newly diagnosed patients as well. Phase 3 treatment clinical trials

What are the benefits from participating in a Clinical Trial? A participant will:

- Gain access to new research treatments
- Have an active role in their healthcare
- Access to expert medical treatment

Myth vs. Fact:

cover all stages of cancer, from the most advanced to the most localized.

Myth #3: People who join clinical trials are "guinea pigs" for research.

Fact: People make the choice to take part in clinical trials, and there are strict guidelines in place to make certain that the participants are treated humanely. These people are treated with respect and dignity and they received high-quality of care.

Myth #4: Cancer clinical trials benefit only the researchers, not the participants.

- Help others by contributing to medical research.

The lack of participating entities severely limits treatment options for out cancer patients in Wyoming, thus denying them the opportunity of enter appropriate trials. The view of clinical trials are often askew, so to better understand what clinical trials are all about here is a list of myths and the facts.

Fact: All cancer clinical trials are designed to show how a particular anticancer strategy affects the people who receive it. Each study tries to answer scientific questions to find better ways to prevent, diagnose, or treat cancer.

Myth #5: Positive results from studies conducted on mice translate into positive outcomes for humans.

Fact: A clinical trial is one stage a long and careful cancer research process. Treatments that work well in mice do not always work well in people.

Behavioral Risk Factor Surveillance Survey: What's So Important About it Anyway?

The Behavioral Risk Factor Surveillance Survey (BRFSS) is the world's largest, continual telephone health survey system. The survey is a random digit dial telephone survey of adults 18 years of age or older. All 50 states and 4 territories participate in the survey each year. In 2005, approximately 350,000 BRFSS surveys were conducted in the United States, and over 5,000 of those were conducted in Wyoming. Wyoming has BRFSS data from 1982, 1991, and 1994 to the present. The survey covers health-related behaviors, health-related conditions, access to care, and the use of preventative health services. The BRFSS tracks many cancer risk factors. Without the data obtained through BRFSS, Wyoming communities would really have no indication about the number of

Wyoming people who use tobacco, maintain a healthy body weight, receive sun burns, have access to a healthcare provider, and other important information. So, why is that so important you might ask? The BRFSS provides the Wyoming Department of Health with the fundamental data that they need to develop, implement and evaluate health programs throughout the state. It also allows various communities and state programs the information necessary to apply for funding to decrease risk factors surrounding cancer prevention and control. However, this survey like many others has its limits, it does not cover: Households without telephones, households with only cell phones, and institutionalized population.

"One of the biggest improvements to BRFSS in Wyoming over the last several years has been the increase in sample size" says Menlo Futa, BRFSS coordinator for the Wyoming Department of Health. "In the past 5 years, we have completed more than 19,000 interviews with Wyoming adults. That is enough to produce estimates for every Wyoming county for most of the important health indicators we track in BRFSS." The data collected from the Wyoming BRFSS is a crucial element to Wyoming's Comprehensive Cancer Control efforts. We use this data to determine priority goals, and objectives. We can identify underserved populations and work to eliminate health disparities. Mostly, we utilize the data to show program successes and outcomes to continue to move forward CCC efforts in the state.

If you would like to access BRFSS data please do so by visiting:

<http://wdh.state.wy.us/brfss/index.asp>.



Colorectal Cancer Screening

Colorectal Cancer is cancer that occurs in the Colon or the rectum. Symptoms include: blood in or on your stool, pain in the stomach area for no reason, a change in bowel habits, or losing weight and you do not know why. According to the Center for Disease Control, colorectal cancer is the second leading cancer killer in the United States and in Wyoming, and affects both men and women aged 50 and older. With proper screening and early detection, Wyoming can drastically reduce the rate of colorectal cancer. "The United States Preventative Services Task Force strongly recommends that clinicians screen men and women aged 50 and older who are at average risk for colorectal cancer. For higher risk patients, it is reasonable to begin screening at a younger age."

There are several screening tests available that can detect colorectal cancer:

- Flexible Sigmoidoscopy
- Double Contrast Barium Enema
- Colonoscopy
- Fecal Occult Blood Test or sometimes called FBOT

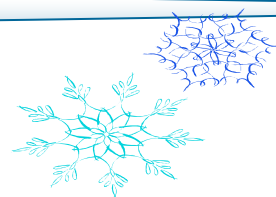
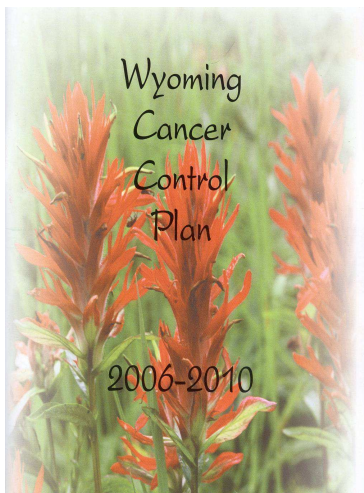
Many studies have been completed pertaining to the "gold standard" of screening for colorectal cancer. This included studies on co effectiveness. In conclusion, the two most cost-effective screening methods were; FOBT/ Flexible Sigmoidoscopy every 5 years; or a Colonoscopy every 10 years. When you take sensitivity of the screening into consideration, the gold standard is Colonoscopy. The sensitivity for a single CRC exam is 90% for large polyps

that, "up to 90% of colorectal cancer deaths can be prevented by timely removal of precancerous polyps." In 2004, only 48.5% of Wyoming adults over age 50 reported ever having had a colonoscopy or sigmoidoscopy (BRFSS). It is time to raise awareness, and the WCCCC has developed a Colorectal Cancer Task Force to address issues surrounding around Colorectal Cancer in Wyoming. If you would like get involved or learn more about the task force please contact Katie Hess at khess@state.wy.us or 307-777-1918.



ACS "Polyp Man" at the January 22, 2007 Celebration of hope

"up to 90% of colorectal cancer deaths can be prevented by timely removal of precancerous polyps."



For a copy of the 2006-2010
Wyoming Cancer Control Plan
please visit the web at:

www.fightcancerwy.org

Save the Date!

Wyoming's Comprehensive Cancer Control Program is partnering with the Wyoming Diabetes Prevention and Control Program, the Wyoming Heart Disease and Stroke Prevention Program, and the Wyoming Tobacco Prevention and Control Program to bring you the first ever
Chronic Disease Conference.

Be sure to mark May 7th - 8th of 2008 off your calendars. This is a must attend event.

Look for more details about this Conference in the next Consortium Newsletter.

Contacts

and information

To submit articles or call for information:

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